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NO.607

P.26

APR 2 7 2005

PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	15270J-004743US	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 09/724,319			Filed November 27, 2000		
	PREVENTION AND TREATMENT OF AMYLOIDOG	SENIC DISEASE			
Art Unit 1647			Examiner Nichols		
applic					
The n	equested extension and fee are as follows (check tir	ne period desired		: fee below):	
	•	<u>Fee</u>	Small Entity Fee		
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_450	
	☐ Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
	Four months (37 CFR 1.17(a)(4))	\$15 9 0	\$795	\$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
][A check in the amount of the fee is enclosed.				
	·				
Payment by credit card. Form PTO-2038 is attached.					
\boxtimes					
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet.				
WARNING: information on this form may become public. Credit card information should not be included on this form.					
	Provide credit care information and abbriotization on Pi	G-2014.		APR 29 200 OIREX JCWS	
	m the applicant/inventor.			APR 29 2005 DIREZUCIUS:	
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 42,397					
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34					
	Meditariam unitarity and and	· M·			
	Rosemane L. Will		September 21, 2004		
	Signature	Date			
1	Rosemarie L. Celli, Reg. No. 42,397		650 326 2400 Telephons Number		
	Typed or printed name		.,		
NOTE	: Signatures of all the inventors or assignees of record of the entire	interest or their repre	sentative(s) are required. Submit	multiple forms if more than	
one 6i	gnature is required, see below.		•		
	Total oftarm is suam				

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